


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
May 09, 2005 8:00 A.M.
Secretary of State

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L02000000005

1. Limited Liability Company's Name
 Gator Acres OF
 Loxahatchee, LLC

2. Principal Office Address 2800 NW 22 ND Terr		3. Mailing Office Address 2800 NW 22 ND Terr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pompano Beach, FL		City & State Pompano Beach, FL	
Zip 33069	Country USA	Zip 33069	Country USA

4. State/Country of Formation
 FLORIDA

5. Date Organized or Qualified To Do Business in Florida
 12/21/2001

6. FEI Number
 04-3617544

7. CERTIFICATE OF STATUS DESIRED **\$5.00 Additional Fee required for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name
 M. GLENN CURRAN, III

Street Address (P.O. Box Number is Not Acceptable)
 2400 EAST Commercial Blvd.

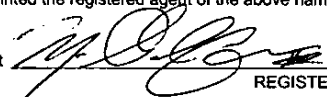
Suite, Apt. #, Etc.
 Suite 208, Coastal Tower

City
 Fort Lauderdale

State
 FL

Zip Code
 33308

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent  Date May 5, 2005

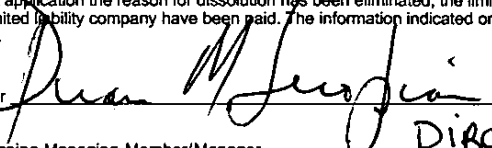
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Diran M. Seropian	1240 Fairway Drive	Lake Toxaway, NC 28747

REINSTATEMENT 02-05
 500055717865
 06/03/05--01048--019 **300.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager  Date 2 MAY 05 Daytime Phone# 828-884-4667

Typed or printed name of signing Managing Member/Manager DIRAN M. SEROPIAN

CR2E041 (10/02)